



Michigan Department of Environmental Quality
Water Bureau

WATER QUALITY MONITORING REQUEST

Completion of this form is voluntary. Submission of this form is not required.

Requestor Information (please print or type):

NAME			ORGANIZATION
MAILING ADDRESS			PHONE # () -
CITY	STATE	ZIP	E-MAIL ADDRESS

Please identify the water body name(s) and location(s) recommended for monitoring.

WATER BODY NAME(S)	LATITUDE	LONGITUDE
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_____ ¼ of _____ ¼ Section: _____, Town: T_____, Range: R_____, Township: _____, County: _____.

PLEASE DESCRIBE THE REASON FOR MONITORING AND LIST ANY QUESTIONS YOU WOULD LIKE ANSWERED:

Signature: _____
(Requestor) (Date)

Please mail, fax, or e-mail completed form to:

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